



RECORDS RETENTION AND DISPOSITION SCHEDULE

Health, Department of. Maternal and Child Health. Genomics and Newborn Screening.

Agency: Health, Department of		Division: Maternal And Child Health Division	
ITEM NO.	RECORD SERIES	TITLE/DESCRIPTION (This Retention Schedule is approved on a space-available basis)	RETENTION PERIOD
1	2002-44	NEWBORN SCREENING CASE FILES AND INFORMATION Forms and correspondence entered electronically regarding follow-up of, testing, and screening for diseases, potential disabilities, and other health conditions. Typical entries could contain the newborn screening results, follow-up testing results and numerous other notes, letters, and memos. A case can be closed out when Department of Health follow-up is complete, the parent is counseled, the infant is no longer living, or follow-up attempts have been unsuccessful. Disclosure of these records may be subject to IC 5-14-3-4(a) (3) and (9) and 410 IAC 3-3-6. Retention based on IC 34-11-6-1 and OCPR Policies 20-01 and 20-02.	DELETE twenty-three (23) years after the case is closed out.
2	2002-46	MONTHLY SUMMARY REPORT OF NEWBORN SCREENING Electronic monthly reports to the department indicating the total number of live births and the number of newborns or infants for whom specimens were submitted for initial newborn screening. Disclosure of these records may be subject to IC 5-14-3-4(a)(3) and (9) and 410 IAC 3-3-6. Retention partially consistent with IC 16-39-7-1(b).	TRANSFER to the INDIANA ARCHIVES for EVALUATION, SAMPLING or WEEDING pursuant to archival principles in a format approved by Indiana Archives staff, eight (8) years after the year of the report.
3	2002-48	MONTHLY LAB REPORT The designated newborn screening laboratory sends monthly data electronically that includes presumptive positive newborn screening cases, confirmed newborn screening cases, and birthing facility screening submission data (number of initial and repeat screens, quantity not sufficient screens). This data includes infant and mother demographic information and newborn diagnosis. Disclosure of these records may be subject to IC 5-14-3-4(a)(3) and (9) and 410 IAC 3-3-6. Retention based on IC 16-39-7-1(b) and OCPR Policies 20-01 and 20-02.	DELETE 8 years after the year of the report.
4	2002-50	NEWBORN SCREENING CARD WITH CONSENT Utilized by birthing facilities to submit newborn demographic and screening information to the newborn screening laboratory, and document parental consent for screening. Records may include, but are not limited to, white carbon and consent portion that is provided to and signed by parent or guardian prior to performing newborn screening. Hard copies maintained after data-entry due to preservation of consent signatures. Disclosure of these records may be subject to IC 5-14-3-4(a) (3) and (9) and 410 IAC 3-3-6. Retention based on IC 34-11-6-1.	TRANSFER to the RECORDS CENTER three (3) years after closure of the case. DESTROY after an additional twenty (20) years in the RECORDS CENTER.
5	2021-01	NEWBORN SCREENING CARD PINK COPY Pink carbon versions of Newborn Screening Card utilized by birthing facilities to transmit handwritten additional screening information, such as pulse oximetry saturations and hearing screening results, to the newborn screening laboratory where the information is then electronically entered. Disclosure of these records may be subject to IC 5-14-3-4(a) (3) and (9) and 410 IAC 3-3-6. Retention based on IC 34-11-6-1	DELETE twenty-three (23) years after closure of the case.

6	2021-02	INDIANA BIRTH DEFECTS AND PROBLEMS REGISTRY All data on birth defects and problems, including individual-level case data, demographic information, and medical chart review information, that is uploaded or otherwise entered into the IBDPR system for the purpose of birth defects surveillance as required within IC 16-38-4. Disclosure of these records may be subject to IC 5-14-3-4(a) (3) and (9) and 410 IAC 3-3-6.	TRANSFER one (1) copy of the Annual Legislative Report of the IBDPR generated from this data to the Indiana Archives under RS GRPUB-2. Maintain data, system, and system documentation within agency until either the program or the State Department of Health no longer exist, then TRANSFER all system documentation and data to the INDIANA ARCHIVES for EVALUATION, SAMPLING or WEEDING pursuant to archival principles.
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